

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

AMENDED

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Fill in Reporting Period dates: Beginning Date: 3	File with: City or Town Clerk or Election Commiss Ending Date: A S S S S S S S S S S S S S S S S S S
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election S	. 30 day after election RECEIVED dissolution
Candidate Full Name (if applicable)	Strong Ipswich Schools Committee Name
Office Sought and District	Seraphima McLean Name of Committee Treasurer
Residential Address	PO Box S Ipswich MA 01938 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 978 386 4899
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$3545.00
Line 3: Subtotal (line 1 plus line 2)	# 3345.00
Line 4: Total expenditures this period (page 5, line	14) \$ 60800000 1888.54 JM 5/11/18
Line 5: Ending Balance (line 3 minus line 4)	# 3345.00 # 3345.00 \$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\$ \\ \\
Line 6: Total in-kind contributions this period (pag	e6) \$1423.62
Line 7: Total (all) outstanding liabilities (page 7)	#2996.75
Line 8: Name of bank(s) used: Institution 7	or Savings
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is to the best of activity, including all contributions, loans, receipts, expenditures, distance in accommittee in acco	tributions and liabilities for this reporting period and represents the campaign cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5/7/18
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	dance with the requirements of M G I c 55 I have not received any contributions
Candidate without Committee OR Candidate with independent activity filing sepanary of the sepa	rate report st of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount MAY -7 Scoupation & Employer (for contributions of \$200 or more)		
4/8/18	Ascot Riding Center Argilla Rd Epswich	So	RECEIVED TOWN CLERK TOWN CLERK	
3/27/18	Stacey Keene Blagg 13 East St Ipswich	130. –		
3/27/18	Jen Donahue 12 High St Ipswich	150.		
3/27/18	Carl Gardner Woods Ln Ipswich	130. –		
3/27/18	Randy Hackett 232 Argilla Rd Ipswich	130		
3/27/18	E. Harkness 4 Highland Ave Ipswich	75		
5/3/18	Frank Hertz 184 Argilla Rd Ipswich	100.		
4/5/18 Richard Howard 4 So Main St Fpswich		500	Retired	
4/7/18 Betsy Hutton Warren St Ipswich		25		
5/27/18	Monica Joyce 11 Highst Ipswich	200	midwife Boston Medical Ctr	
517/18	Eleanor Morris 27 Woods Ln Ipswich	150.		
B10/18	Xenia Schneider 14 nd Measant MVe	50		
ine 9: Total Receipts over \$50 (or listed above)		1690.00		
ne 10: Total Receip	ots \$50 and under* (not listed above)	1488.00		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/29/18	Lisa Soininen 17 County St Ipswich	260	Real Estate Agent S Burrett Realty
3/28/18	John Wigglesworth 283 Mrgilla Rd Ipswic	n 100	2018 MAY -7 P 5: 101
5/3/18	Nicole Whiten 263 Argilla Rd Fpswic	h 100.	RECEIVED ANNHACLERET IPSWICH, MASS.
ne 9: Total Receipts	over \$50 (or listed above)	400.00	
ne 10: Total Receipt	s \$50 and under* (not listed above)	B	
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	3545.00	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

	Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expend Surt	Amount
Mille		1000 Selvel	232 ONOR DOS	C. C	DOES
INS INS		That Carling Const	BOOK WOOD	Poly Circles Condition	ROSE
Mo	3/28/18	Signson the Cheap	Signsonthecheap.com 1866 661 9239	100 yard signs	\$571.10
	4/17/18	signs on the Cheap	sign sontherneap.com 1866 661 9239	so yard signs	\$319.40
1/18	CODE C	COOL C	COCKRELL	CORRED BINDERS C	*CO
	4/11/18	VSPS.Com	USPS, Com	postage	\$884.30
	4/16/18	usps. com	USPS. com	postage	#113.74
L					
					G.
					2m
		L.	line 12: Total Expenditures over		coce so

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		2018 MAY -7		
		RECEIVE FOWN CL		
		Pawiun, A	SS.	
		Line 13: Expenditures \$50 and un	nder* (not listed above)	
		Line 14: TOTAL EXPENDITU	L F	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address MAY	Description of Contribution	Value
4/4/18	Kimberly . Mauroides	9 Poplar St. Toswich MA 01938 RF	CEIVEDX Rental	\$68
4/4/18	Timothy Goodrich	33 High St. 15049 Ipswich MA 01938	Website domain and hoshing	\$360
4/4/18	Kimberly Mauroides	9 Poplar St Ipswich MA 01938	email-Constant contact	\$95.62
3/28/18	Amy Borgman	27 Northgate Rd Ipswich MA 01938	graphic design	\$450.00
4/22/18	Karl Tacheron	11 High St Tpswich NA 01938	Website design	\$450,00
			a ago (ar usrca anove) — [15]	1943,621
	L	ine 16: In-Kind Contributions \$50		
		ine 17: TOTAL IN-KIND CONT		23,62

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1/20/18	Shamut Communica	33 Cherry HAID. Dansers, MA 01923	JOHN HAY -7 P 5: 1	1820.
3/28/18	Hackett Creative	232 Argilla Rd Frswich MA 01938	RECEIVED	\$600
5/7/18	Staples	301 Newbury St Danvers MA 01938	handout	#576,75
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDIN	IG LIABILITIES (ALL)	2996.75